



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

August 10, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Qdoba Mexican Grill, 211 N 12th street requesting a class I liquor license.

James Page has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

James Page was born in Kentucky. He attended Western Kentucky University graduating in 1973.

Mr. Page served in the United States Armed Forces 1970 – 1976. He received an honorable discharge.

James Page has been in the food service industry since 1973.

The required training will be completed on September 9th 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



RECEIVED

JUL 21 2010

PREMISE INFORMATION

Trade Name (doing business as) Qdoba Mexican Grill

Street Address #1 211 N. 12th Street

Street Address #2 _____

City Lincoln

County Landcaster

Zip Code 68508

Premise Telephone number 402-477-0090 (Tentative)

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name Nebraska Fresh-Mex, LLC

Street Address

#1 Po Box 200818

Street Address

#2 _____

City Denver

State CO

Zip Code 80206

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

See attached drawing of upstairs/downstairs



RECEIVED

JUL 21 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

33'-2³/₄"

30'-4³/₈"

STORAGE

LANDING
±23'-11"

DOWN

ROOF TOP ENCLOSED PATIO
750 SQ. FT.

DIALYST
CHASE

OUT DOOR DECK
270 SQ. FT.

(FUTURE ROOF
TOP GARDEN)

Upstairs

PROJECT NO.
09-145

DATE
01/11/10

018A

PROJECT NAME
RJ PATIO SCHEMATIC

750 S.F.
46 SEATS

16 PATIO SEATS



211 N 12TH STREET
LINCOLN, NE 68508

OWNER/CLIENT
COCO

SCALE
1/8" = 1'-0"



Schematic

LINDLE DESIGN GROUP



1515 WEST MAIN ST.
LINCOLN, IL 61008

PH: 815-485-4155
FAX: 815-565-4495
WWW.LINDLEDESIGN.COM

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, the wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. § 49-1101)

RECEIVED

JUL 21 2010

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

NEBRASKA LIQUOR
CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Great Western Bank 14545 W. Center Road, PO Box 4070, Omaha, NE 68104-0070, Kenneth A. Friednash, Signor

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Same name as applicant - 1110 S. 71st Street, Omaha, NE 68106

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as follows:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Unknown TBD		

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 8/31/20, excluding extensions

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? 9/20/10

15. What will be the main nature of business? Fast casual restaurant, serving mexican entrees and other items

16. What are the anticipated hours of operation? Will vary by season, Sun-Thurs 10:30 am -10:00 pm; Fri-Sat 10:30 am -2:00 am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Kenneth A. Friednash Denver, CO	2001	2010	Judy L Friednash	1985	2010
Prior address in Rapid City South Dakota	1997	2001			

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Kthazh

Signature of Applicant

Judy L. Friednash

Signature of Spouse

RECEIVED

JUL 21 2010

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Colorado

County of Denver

County of Denver

The foregoing instrument was acknowledged before me this 7-13-10 by

The foregoing instrument was acknowledged before me this 7-13-10 by

Kenneth A. Friednash

Judy L. Friednash

Melissa A. Cooke

Notary Public signature

Melissa A. Cooke

Notary Public signature

Affix Seal Here

MELISSA A. COOKE
NOTARY PUBLIC
STATE OF COLORADO

Affix Seal Here

MELISSA A. COOKE
NOTARY PUBLIC
STATE OF COLORADO

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.leg.ne.gov

Office Use

RECEIVED

JUL 21 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Richard J. Saul

Name of Limited Liability Company that will hold license as listed on the Articles of Organization:

Nebraska Fresh-Mex, LLC

LLC Address: PO Box 200818

City: Denver State: CO Zip Code: 80220

LLC Phone Number: 877.736.2248/cell 303.910.9335 Fax Number same

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Friednash First Name: Kenneth MI: A.

Home Address: 6930 E. Severn Place City: Denver

State: CO Zip Code: 80220 Home Phone Number: 303-355-0677

KthA

Signature of Contact Member

State of Nebraska Colorado
County of Denver

The foregoing instrument was acknowledged before me this

7-13-10

date

by

Kenneth A. Friednash

name of person acknowledged

Melissa A. Cooke
Notary Public signature

Affix Seal Here

MELISSA A. COOKE
NOTARY PUBLIC
STATE OF COLORADO

Exp 7-10-11

Last names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Friednash First Name: Kenneth MI: A.

Social Security Number _____ Date of Birth _____

Spouse Full Name (indicate N/A if single): Judy L. Friednash

Spouse Social Security Number: _____ Date of Birth: _____

RECEIVED

JUL 21 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
HOLD TO LIGHT TO VIEW WATERMARK

STATE FILE NUMBER
1051956

NAME OF REGISTRANT
KENNETH ALAN FRIEDNASH

DATE FILED
AUGUST 21, 1956

CITY OF BIRTH
DENVER

MOTHER'S MAIDEN NAME
ZELDA KAMINSKY

MOTHER'S PLACE OF BIRTH
COLORADO

MOTHER'S AGE
20

STATE OF COLORADO
1876

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED IN THIS OFFICE.

DATE ISSUED
JULY 19, 2002

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW: Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

RONALD S. HYMAN
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

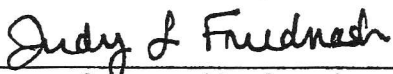
Office Use

RECEIVED

JUL 21 2010

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.



Signature of spouse asking for waiver
(Spouse of individual listed below)

Judy L. Friednash

Printed name of spouse asking for waiver

State of Colorado

County of Denver

7-13-10
date


Notary Public signature

The foregoing instrument was acknowledged before me this

by Judy L. Friednash

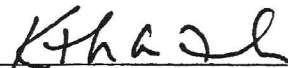
name of person acknowledged

Affix Seal

MELISSA A. COOKE
NOTARY PUBLIC
STATE OF COLORADO

Exp 7-10-14

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



Signature of individual involved with application
(Spouse of individual listed above)

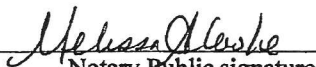
Kenneth A. Friednash

Printed name of applying individual

State of Colorado

County of Denver

7-13-10
date


Notary Public signature

The foregoing instrument was acknowledged before me this

by Kenneth A. Friednash

name of person acknowledged

Affix Seal

MELISSA A. COOKE
NOTARY PUBLIC
STATE OF COLORADO

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Exp 7-10-14

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

JUL 21 2010

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Nebraska Fresh-Mex, LLC

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Qdoba Mexican Grill

Premise Street Address: 211 N. 12th Street

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-477-0090 (Tentative)

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Kyha JH

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Is the applying Limited Liability Company controlled by another Corporation/Company?

RECEIVED

☐ YES

☒ NO

JUL 21 2010

If yes, provide the name of corporation/company and supply an organizational chart

NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January

Ending Date: December

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

RECEIVED

Manager's information must be completed below PLEASE PRINT CLEARLY JUL 21 2010

Gender: ☒ MALE ☐ FEMALE

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: Page First Name: James MI: A.

Home Address (include PO Box if applicable): 2913 N. 161st Terrace
City: Omaha State: NE Zip Code: 68116

Home Phone Number: 402-290-1648 Business Phone Number: 402-477-0090

Social Security Number: _____ Drivers License Number & State: NE

Date Of Birth: _____ Place Of Birth: Mayfield, KY

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Page First Name: Kayla MI: A.

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Ottawa, IL

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
Omaha, NE	2006	Present	Omaha, NE	2006	Present
Paducah, KY	1983	2006	Paducah, KY	1983	2006

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1980	2005	Page Enterprises	James M. Page	270-442-6881
2004	2005	Delicio, LLC	Karen Sensenbrenner	502-351-7012

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

RECEIVED

JUL 21 2010

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Civil Contempt, November 2, 2005. Civil Penalty in the Matter of the Page International, Inc. 401(k) Profit Sharing Plan and Trust.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

5. List the training and/or experience (when and where)

Date:	Where:

PERSONAL OATH AND CONSENT OF INVESTIGATION


The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

RECEIVED

JUL 21 2010



Signature of Manager Applicant



Signature of Spouse

**NEBRASKA LIQUOR
CONTROL COMMISSION**

State of Nebraska

County of Douglas

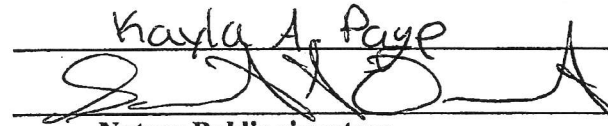
County of Douglas

The foregoing instrument was acknowledged before
me this 7/20/10 by

The foregoing instrument was acknowledged before
me this 7/20/10 by

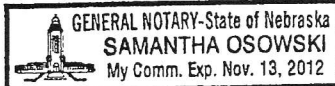


Notary Public signature

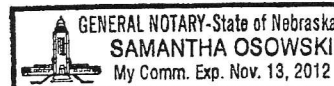


Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

**Certified Record of Birth
Commonwealth of Kentucky
Cabinet For Health Services**



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FILE NO. 116

COUNTY OF BIRTH: JEFFERSON

CHILD'S NAME: JAMES ANTHONY PAGE

CHILD'S DATE OF BIRTH: 07/13/2010

SEX: MALE

MOTHER'S MAIDEN NAME: JENNIFER ANN PARRIS

MOTHER'S AGE: 28

FATHER'S NAME: JAMES ANTHONY PAGE

FATHER'S AGE: 32

DATE FILED BY REGISTRAR: 07/13/2010



2625892

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

This record certifies that the above birth occurred on the date and place shown. The original certificate of birth is on file with the Cabinet for Health Services, Office of Vital Statistics, 275 East Main Street, Frankfort, Kentucky 40621-0001.

Paul J. Royce

State Registrar

DATE ISSUED: 07/13/2010

IF YOU HAVE QUESTIONS REGARDING THIS INFORMATION, YOU MUST RETURN THE RECORD WITHIN 30 DAYS ALONG WITH THIS NOTICE. PLEASE INCLUDE THE TELEPHONE NUMBER WHERE YOU MAY BE REACHED BETWEEN THE HOURS OF 8:00 A.M. AND 4:30 P.M. YOU MAY ALSO CONTACT THIS OFFICE AT 502-564-4212 MONDAY THROUGH FRIDAY. COPIES OF BIRTH RECORDS OF MORE THAN ONE PERSON MAY BE MAILED SEPARATELY.

CPC(S): 1

CERTIFICATE HOLDER: JAMES ANTHONY PAGE

JAMES PAGE
2913 N. 161ST TERRACE
OMAHA NE 68116

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

JUL 21 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Kayla A. Page
Signature of spouse asking for waiver
(Spouse of individual listed below)

Kayla A. Page

Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

7/20/10
date

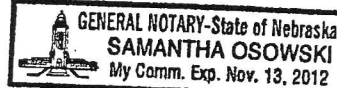
The foregoing instrument was acknowledged before me this

by Kayla A. Page

name of person acknowledged

[Signature]
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

James A. Page
Signature of individual involved with application
(Spouse of individual listed above)

James A. Page

Printed name of applying individual

State of Nebraska

County of Douglas

7/20/10
date

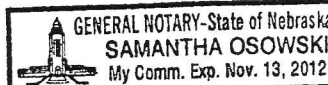
The foregoing instrument was acknowledged before me this

by James A. Page

name of person acknowledged

[Signature]
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008